									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD  Effe October 1, 2003									10/5/9359				
CLAIMS AS FILED - PART I								MALLE	NTITY			NAHT F	
	OTAL CLAMAS		(Columi	<u>n 1)                                   </u>	(Column 2)		T	YPE [		OF	SMALL	ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		В	ASIC FE	E .	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			XS 9=		ÖR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =					X43=		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	-290=		
* If the difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL		OR	TOTAL		
		CLAIMS AS A	MENDE			(Column 2)	ç	SMALL	ENTITY	OR`	OTHER SMALL		
_	(Column 1) (Column 2) (Column 3								<del></del>	7 1			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		XS 9=		OR	XS18=		
ME	Independent	•	Minus	***		-		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=	·		+290=		
								TOTAL		OR	TOTAL		
		AD	DIT. FEE	<u> </u>	OR,	ADDIT. FEE	·						
		(Column 1)	<del></del>	(Colum		(Column 3)							
<b>\$</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		. ·	,	<b>(\$</b> 9=	·	OR	X\$18=		
	Independent		Minus	***		=	7	K43=		OR:	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1	145=		OR	+290=	-	
								TOTAL OIT. FEE		OR ,	TOTAL ADDIT. FEE		
		AUL			. ,								
		(Column 1) CLAIMS		(Colum HIGHE	ST	(Column 3).			ADDI-	Г	<del>- 1</del>	ADDI-	
<u>ا د</u>		REMAINING . AFTER		NUMBI PREVIOL		PRESENT EXTRA	F	ATE	TIONAL		RATE	TIONAL	
		AMENDMENT		PAID F	OR		<b> </b> _		FEE	ļ		FEE	
MEN	Total	•	Minus	**		=	×	<b>(\$ 9=</b>		OR	X\$18=		
	Independent					= .	X	(43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									~`` <b>`</b>			
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										OR A	TOTAL DDIT. FEE		
1	the "Highest Nur	mber Previously Paid	id For IN THIS	S SPACE is	less than	n 3, enter "3." ·			coociale box			. 🔻	

FORM PTO-875 (Rev 10:03)

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